

2016 SIF Pay for Success Round 2

Participant Agreement for Panel Coordinator

Review Dates: September 28 – October 6

Instructions:

- 1) Read this agreement and print the last page.
- 2) To indicate agreement, sign and date the last page and return it to the Corporation for National and Community Service (CNCS) no later than **September 27, 2016**
- 3) Scan and email a **signed** copy to PeerReviewers@cns.gov 'ATTN: 2016 SIF Pay for Success Round 2.'

By consenting to participate in this CNCS Grant Application Review Process (GARP), you are agreeing that you will complete your review activities consistent with the following review schedule. All orientation and training sessions are **mandatory**.

Activities	Schedule/Date Due
Review all materials, including the 2016 SIF Pay for Success Round 2 reviewer website and live and pre-recorded Orientation Sessions; download and review the Confidentiality & Conflict of Interest (COI) Form and Participation Agreement	Available via the Reviewer Resource Webpage completed by September 28
Complete all orientations	By September 28
Sign and submit Confidentiality & COI Form and Participation Agreement	By September 28
Receive panel assignments, download applications from eGrants, review all applications, and report any COIs to CNCS staff	By September 28
Panel Introduction Call – coordinate with panel members (approx. 45 min)	Between Sept 28-29; exact call time determined by each panel
Panel Consensus Meetings (estimated 1-2 calls)	Call schedule determined by each panel
Perform quality assurance checks on your panel's Panel Consensus Forms to ensure accuracy and highquality in the final review products	Ongoing throughout the review. All review materials must be finalized and submitted to CNCS no later than Oct 6 at noon Eastern

As **Panel Coordinator**, you will carry out your duties and responsibilities under the direction of CNCS staff, including a GARP Liaison and Program Officer Liaison (POL). You must complete all your work in accordance with published CNCS guidelines.

Panel Coordinators are the first source of information regarding panel issues for both Reviewers and CNCS staff. **Panel Coordinators** will manage panels of up to three Reviewers, who will assess and rate no more than four applications. Applications are grouped thematically into panels and

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Reviewers are assigned based on their matching experience and expertise. Reviewers should use their experience and expertise to assess how the application addresses the Selection Criteria.

Before the review process begins, **Panel Coordinators** are required to:

- ☐ **Complete all orientation sessions and training requirements.**
- ☐ Check for possible COI upon receipt of panel assignment and applications, and notify your GARP Liaison immediately of any potential conflicts for you or your Reviewers, and if any arise during your participation.
- ☐ **Sign and send the final page of the Confidentiality & COI Form and the Participation Agreement to CNCS.**

Once the review process begins, **Panel Coordinators** are required to:

- ☐ Maintain the confidentiality of information about applicants and Review Participants related to this review in a manner consistent with the Confidentiality & COI Form.
- ☐ Participate in the Panel Coordinator Check-In (one 30-min call) to receive updates and timely guidance to provide to panel members throughout the review.
- ☐ Act as the primary liaison between Reviewers and CNCS staff to implement CNCS guidance.
- ☐ Coordinate and ensure responsiveness with CNCS staff at given junctures.
- ☐ Monitor and facilitate panel progress to guide Reviewers to meet deadlines.
- ☐ Keep CNCS staff informed of the results and progress of the panel.
- ☐ Keep Reviewers engaged and informed by maintaining clear and regular email communication.
- ☐ **Serve as an impartial and objective panel lead on all review activities.**
- ☐ Read each application assigned to the panel.
- ☐ Lead and facilitate Panel Consensus Meeting to ensure sufficient and appropriate discussion.
- ☐ Ensure Reviewers are appropriately assessing the Selection Criteria.
- ☐ Provide constructive feedback on Reviewers' assessments and writing.
- ☐ Provide a quality assurance check on all final products to meet CNCS standards.
- ☐ Complete the evaluation of the **2016 SIF Pay for Success Round 2** Process and your Reviewers' performances at the conclusion of the review.
- ☐ Complete all review duties to the specifications and standards set by CNCS and covered in the training and review materials.

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Scan and email a **signed** copy to PeerReviewers@cns.gov 'ATTN: 2016 SIF Pay for Success Blended Review.' by September 27, 2016

If you do not adhere to terms of this Agreement or an exception is made to these terms due to an alternative level of participation, CNCS reserves the right to modify or withhold the amount of the honorarium.

Your participation in this CNCS grant application review process does not make you an employee of CNCS or of the federal government, and therefore are not entitled to workman's compensation benefits, unemployment insurance, or any other type of insurance or benefit normally provided to federal employees. In addition, CNCS is not responsible for withholding federal or state income taxes or Social Security from the honorarium paid. CNCS will issue a Form 1099 to report the payment of any honorarium to you, the Internal Review Service, and any required State taxing authority.

By signing this agreement, you consent to and understand that CNCS may make your name public per agency policy, and that your completed review forms (or portions thereof) may be disclosed after CNCS announces its grant awards. To the extent allowed by law, CNCS will not disclose your association with any specific applications or review forms.

I agree to participate in this CNCS Grant Application Review Process and to abide by the terms and conditions of this Agreement.

Name (printed):

Signature:

Date (MM/DD/YYYY):

Organization and Affiliation:

Payment Amount: \$1200.00	<input type="checkbox"/> Check this box if you are ineligible (or are declining) to receive payment. <i>(Federal employees that serve as a Review Participants are not eligible to receive payment.)</i>
Adjusted Payment Amount: \$ _____	<input type="text"/> Review Coordinator initial if honorarium has been modified as specified.
Reason:	

For CNCS Use

Period of Performance:

September 28-October 6, 2017

Office of Grants Policy and Operations, Review Coordinator:

Printed Name: Susan Cohn

Signature:

Date:

(Certifies all requirements for this review have been met by the Reviewer)

Office of the Chief Financial Officer, Executive Officer:

Printed Name: Stephen Elias or designee

Signature:

Date:

(Certifies Reviewer is paid from funds delineated for this purpose)